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## APPLICANTS

Alec Ginggen, Muentschemier, SWITZERLAND;

Yanik Tardy, Genevey/Coffrane, SWITZERLAND;

\*\* CONTINUING DATA \*\*\*\*\*

*none*  
*none 9 Nov 05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	SWITZERLAND	2	14	3
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

000027777

PHILIP S. JOHNSON

JOHNSON &amp; JOHNSON

ONE JOHNSON &amp; JOHNSON PLAZA

NEW BRUNSWICK , NJ

08933-7003

## TITLE

Adjustable resistance valve for a cerebrospinal fluid shunt system

FILING FEE  RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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